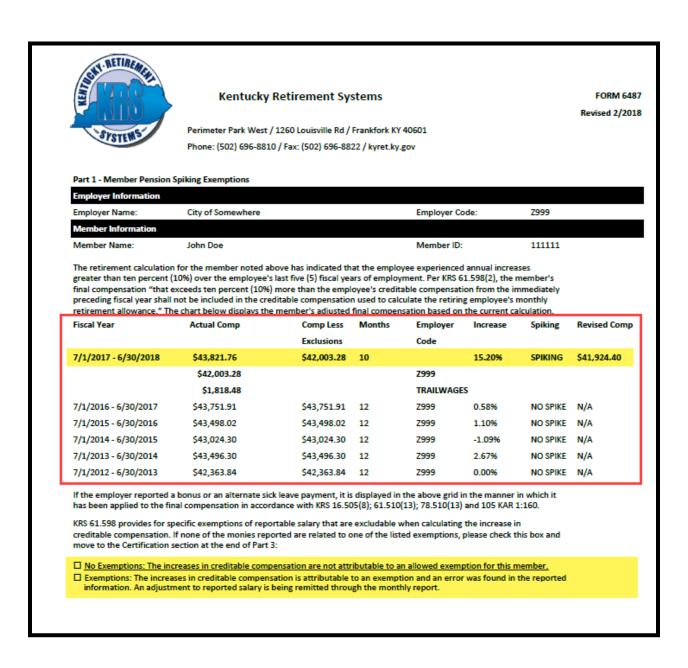


# **Quick Guide to Completing Form 6487 Member Pension Spiking Exemption**

#### STEP 1

Part 1 of the form provides information on the last participating employer, the member whose account is affected, and the member's final compensation with pension spiking details. It is important you review the final compensation information for accuracy, and once complete proceed to STEP 2.





#### STEP 2

Every member must have the bottom section of Part 1 completed. There are the three scenarios that affect how you may complete this information:

- ☐ No Exemptions: The increases in creditable compensation are not attributable to an allowed exemption for this member.
- Exemptions: The increases in creditable compensation is attributable to an exemption and an error was found in the reported information. An adjustment to reported salary is being remitted through the monthly report.
- 1. Mark the <u>NO Exemptions</u> check box if pension spiking is not due to a reporting issue or statutory approved exemption, then proceed to **STEP 5**.
- 2. Mark the <u>Exemption</u> checkbox if pension spiking is due to improper reporting of Leave without Pay, Alternate Sick Leave, or Lump Sum Compensatory Pay at Termination records. Make a notation below the exemptions box indicator that pension spiking is due to a reporting issue that needs correction. Then proceed to <u>STEP 5</u> of this quick reference guide.
  - The Reporting Official will need to correct the reporting issue in Employer Self Service using the Adjustments module or call the Employer Hotline at 1-888-696-8810 for assistance.
- 3. Mark the <u>Exemption</u> checkbox if pension spiking is due to one of the three statutory approved exemptions, and proceed to **STEP 3** of this quick reference guide.

#### STEP 3

On Part 2 of the form, you will enter the total amount in the column with the correct statutory approved exemption reason. Please make sure the exemption amount is entered in the fiscal year it was paid.

Part 2 - Exemption Amounts			
<b>Employer Information</b>			
Employer Name:	City of Somewhere	Employer Code:	Z999
Mamban Information			
Member Information Member Name:	John Doe	Member ID:	111111
Member Name:	John Doe	Member ID:	111111
		Member Pension Spiking Exemption A	Amounts
Fiscal Year	Bona Fide Promotion or Career Advancement*	Increases in creditable compensation directly attribuatable to overtime due to a state of emergency.	Increases in creditable compensation directly attributable to overtime hours worked due to a state or federal grant.
7/1/2017 - 6/30/2018			
7/1/2016 - 6/30/2017			
7/1/2015 - 6/30/2016			
7/1/2014 - 6/30/2015			
7/1/2013 - 6/30/2014			
7/1/2012 - 6/30/2013			
*If any salary amount is adde is required to be completed	•	career advancement exemption row	, Part 3 of the Form 6487



There are three options for completing Step 3:

- If the exemption is due to a Bona Fide Promotion or Career Advancement enter the difference in salary paid after the promotion or career advancement in the fiscal year, then proceed to <a href="STEP 4.">STEP 4.</a>
  - Example: If the employee's salary changed from \$2500/month to \$4000/month and the promotion or advancement occurred April 1, then the difference in salary from April 1 to June 30 is \$1500/month for 3 months. The total exemption amount paid in the fiscal year would be \$4500.
- If the exemption is overtime due to a state of emergency enter the total overtime amount in the fiscal year it was paid for the emergency event. If the emergency overlaps multiple fiscal years, you will need to enter the correct amount paid for each fiscal year. Once this information is entered, proceed to <a href="STEP 5">STEP 5</a>.
  - NOTE This exemption applies to both state and federally declared emergencies. A copy of the
    Declaration of Emergency from the Governor of the Commonwealth of Kentucky or a Declaration
    of Emergency from the President of the United States must be included.
- If the exemption is overtime due to a state or federal grant enter the total overtime amount in the fiscal year it was paid under the grant provisions. If the grant overlaps multiple fiscal years, you will need to enter the correct amount paid for each fiscal year. Once this information is entered, proceed to <a href="STEP 5">STEP 5</a>
  - NOTE If the exemption is due to a state or federal grant, you must include a copy of the grant with the completed Form 6487. In order to expedite the review, please underline or highlight the specific language in the grant requiring overtime.

### STEP 4

In Part 3 of the form, complete all sections if the exemption is due to a Bona Fide Promotion or Career Advancement. Do not complete this part of the form if the pension spike is due to any other exemption or reason.

Please Check One:	☐ New Hire/Rehire	☐ Current Employee	Member ID or SSN:
Name:			Change/Hire Date:
Complete the followin	g section based on the emp	loyee's job description prior to	promotion or career
advancement (if the e	mployee was a new hire/re	hire, provide information abo	it the employee's prior job).
Employee's job title pri	ior to promotion or career a	dvancement:	
Describe the employee	e's job duties prior to promot	tion or career advancement. Pl	ease attach a job description if available
Describe the employee	e's job duties prior to promot	tion or career advancement. Pl	ease attach a job description if available
Describe the employee	e's job duties prior to promot	tion or career advancement. Pl	ease attach a job description if available
		tion or career advancement. Pl	, ,
Complete the followin			, ,
Complete the followin advancement.		loyee's job description after p	, ,
Complete the followin advancement. Employee's job title aft	g section based on the emp	loyee's job description after p	, ,
Complete the followin advancement. Employee's job title aft	g section based on the emp	loyee's job description after p	romotion or career
Complete the following advancement. Employee's job title aft Describe the employee	ng section based on the emp ter promotion or career adva e's job duties prior to promot	loyee's job description after p ancement: tion or career advancement. Pl	romotion or career

In the Employee Information section, check a box to indicate the employee's status at the time of the promotion or career advancement. Then provide the employee's name and SSN or Member ID. In the Change/Hire date field, provide the date of the promotion or career advancement.

• A copy of the personnel form with the date of the promotion/advancement must be submitted with the Form 6487.

The second section requests information on the employee's job before the promotion or career advancement. Please provide the title along with a job description. If you cannot fit the job description in this space, please write *see attached* and include a copy of the job description with the completed form

The third section requests information on the employee's job after the promotion or career advancement. If you cannot fit the job description in this space, please write *see attached* and include a copy of the job description with the completed form. Once all sections are completed, proceed to <u>STEP 5.</u>

#### STEP 5

The final step on this form is to certify the information you have provided is complete and accurate. KRS will accept signatures from either the Agency Head or the primary Reporting Official on this form.

Certification	
I hereby certify that if I have full knowledge of the penalty in K	(RS 532.100 related to falsification of records and the
information provided is true and accurate.	
Agency Head Signature:	Date:
Agency Head Printed Name:	



## **QUESTIONS?**

If you have questions on how to complete the Form 6487, please call the Employer Hotline at 1-888-696-8810.